

**RECEIVED
CENTRAL FAX CENTER**

MAR 26 2006

PTO/SB/122 (08-03)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p align="center">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450.</p>		Application Number		09/186,247																															
		Filing Date		Nov. 4, 1998																															
		First Named Inventor		Bright																															
		Art Unit		2623																															
		Examiner Name		Wu, Jingg / <i>Sherali, Shrestha</i>																															
		Attorney Docket Number		YOR919980331US2																															
<p>Please change the Correspondence Address for the above-identified patent application to:</p> <p><input type="checkbox"/> Customer Number: <u>54856</u></p> <p>OR</p> <table border="1"> <tr> <td colspan="2">Firm or Individual Name</td> <td colspan="4">Louis Herzberg</td> </tr> <tr> <td colspan="2">Address</td> <td colspan="4">3 Cloverdale Lane</td> </tr> <tr> <td colspan="2">City</td> <td>Monsey</td> <td>State</td> <td>NY</td> <td>Zip 10952</td> </tr> <tr> <td colspan="2">Country</td> <td colspan="4">USA</td> </tr> <tr> <td colspan="2">Telephone</td> <td>845-352-3194</td> <td>Fax</td> <td colspan="2">914-945-3281</td> </tr> </table> <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or Agent of record. Registration Number <u>41,500</u></p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> <p>Typed or Printed Name <u>Louis Herzberg</u></p> <p>Signature <i>Louis Herzberg</i></p> <p>Date <u>September 30, 05</u> Telephone <u>845-352-3194</u></p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p>Total of <u>1</u> forms are submitted.</p>						Firm or Individual Name		Louis Herzberg				Address		3 Cloverdale Lane				City		Monsey	State	NY	Zip 10952	Country		USA				Telephone		845-352-3194	Fax	914-945-3281	
Firm or Individual Name		Louis Herzberg																																	
Address		3 Cloverdale Lane																																	
City		Monsey	State	NY	Zip 10952																														
Country		USA																																	
Telephone		845-352-3194	Fax	914-945-3281																															

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.